

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number		Filing Date			
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT							
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51		/			
2		/					52		/			
3		/					53		/			
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47		/					97					
48		/					98					
49		/					99					
50		/					100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					